



TransUnion®

# Request for Your TransUnion Personal Credit Report

## STEP 1

### Fill out your personal information

\*Optional

_____ First Name	_____ Middle Name	_____ Last Name	_____ Suffix (Jr., Sr.)
_____ Social Security Number		_____ Date of Birth	
_____ Name of Employer*		_____ Your eMail Address*	
_____ Driver's License Number*		_____ State of Issue*	

### Current Address

If a military address, write **APO** or **FPO** for city and one of these abbreviations for state:

- AA** Armed Forces Americas
- AE** Armed Forces Africa, Canada, Europe or Middle East
- AP** Armed Forces Pacific

_____ Street Address			_____ Apt. No.
_____ City	_____ State	_____ Zip Code	
_____ Home Phone Number		_____ Work/Alternative Phone Number	

### Previous Address

If you have moved in the past two years, please enter your previous address.

_____ Previous Address			_____ Apt. No.
_____ City	_____ State	_____ Zip Code	

## STEP 2

### Determine if you qualify for a FREE Personal Credit Report

For items 1-5, a TransUnion credit file must have been the basis for the adverse credit decision.

You may be eligible for a FREE Personal Credit Report under the Federal FACT Act. For information, please visit [www.annualcreditreport.com](http://www.annualcreditreport.com)

Free Annual Reports and TransUnion Reports are accessible to the Vision Impaired. On-line reports are compatible with screen readers. Accessible formats can be requested by telephone or by mail; please specify Braille, audio or large print.

1. Within the last 60 days, I was denied credit or was notified of another credit-related adverse action.

_____ Name of Credit Generator	_____ Date of Denial Letter
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2. Within the last 60 days, I was denied employment - **By Whom?** \_\_\_\_\_

3. Within the last 60 days, I was denied insurance - **By Whom?** \_\_\_\_\_

4. Within the last 60 days, I was denied a government license or benefit - **By Whom?** \_\_\_\_\_

5. Within the last 60 days, I was denied a housing/rental apartment - **By Whom?** \_\_\_\_\_

6. I am unemployed and intend to apply for employment (limited to 1 free report per 12 mos.)

_____ Company Worked for Last	
_____ Company's Address	_____ Company's Phone Number

7. I am a recipient of public welfare assistance (limited to 1 free report per 12 mos.)

_____ Welfare Office I am Registered With	
_____ Name of Case Worker	_____ Phone Number for Case Worker

8. I certify that I have reason to believe that my TransUnion credit file contains inaccurate data due to fraud.

9. None of the above apply to me. Please check the next page for pricing.

### STEP 3

If you do not qualify for a FREE Personal Credit Report, circle that which applies to you

Note:  
If you selected box 1-8 in Step 2, please skip ahead to Step 4.

State	1st Request	2nd Request	Additional	Time Frame
California	\$8.00	\$8.00	\$8.00	Any Time
Colorado	FREE	\$8.00	\$8.00	Calendar Year
Connecticut	\$5.00	\$7.50	\$7.50	12-month
Georgia	FREE	FREE	FREE	Calendar Year
Maine	FREE	\$5.00	\$5.00	12-month
Maryland	FREE	\$5.00	\$5.00	12-month
Massachusetts	FREE	\$8.00	\$8.00	Calendar Year
Minnesota	\$3.00	\$3.00	\$3.00	12-month
Montana	\$8.50	\$8.50	\$8.50	Any Time
New Jersey	FREE	\$8.00	\$8.00	12-month
Puerto Rico	FREE	FREE	FREE	Calendar Year
Vermont	FREE	\$7.50	\$7.50	12-month
Virgin Islands	\$1.00	\$1.00	\$1.00	Any Time
All Others	\$11.50	\$11.50	\$11.50	Any Time

### STEP 4

Fill out payment information if necessary

- Based on my state and my situation, the cost of my Personal Credit Report is: \$ \_\_\_\_\_ . \_\_\_\_\_  
(Enter the amount circled in Step 3 or enter \$0.00 if applicable.)
- I would also like a credit score to be included with my Personal Credit Report. \$ \_\_\_\_\_ . \_\_\_\_\_  
(Enter \$7.95.)
- I would like to receive my Personal Credit Report in Braille.
- I would like to receive my Personal Credit Report in large print.
- I would like to receive my Personal Credit Report in audio format.

Please include a check payable to TransUnion LLC in the amount of: \$ \_\_\_\_\_ . \_\_\_\_\_  
(Enter the total from the two lines above.)

### STEP 5

#### Where to Mail

Sign, then mail this form to:

**TransUnion LLC**  
P.O. Box 1000  
Chester, PA 19022  
(800) 888-4213

Signature \_\_\_\_\_

Date \_\_\_\_\_

Obtaining a credit report under false pretenses is a federal crime.

Enclosing the following additional information will help us expedite your request:

Proof of address, e.g., utility bill

Copy of denial letter in the event of denial

Copy of police report in the event of fraud